

HIV/AIDS in the Arab-American Community

A Report on Actions Taken to Fight the Epidemic

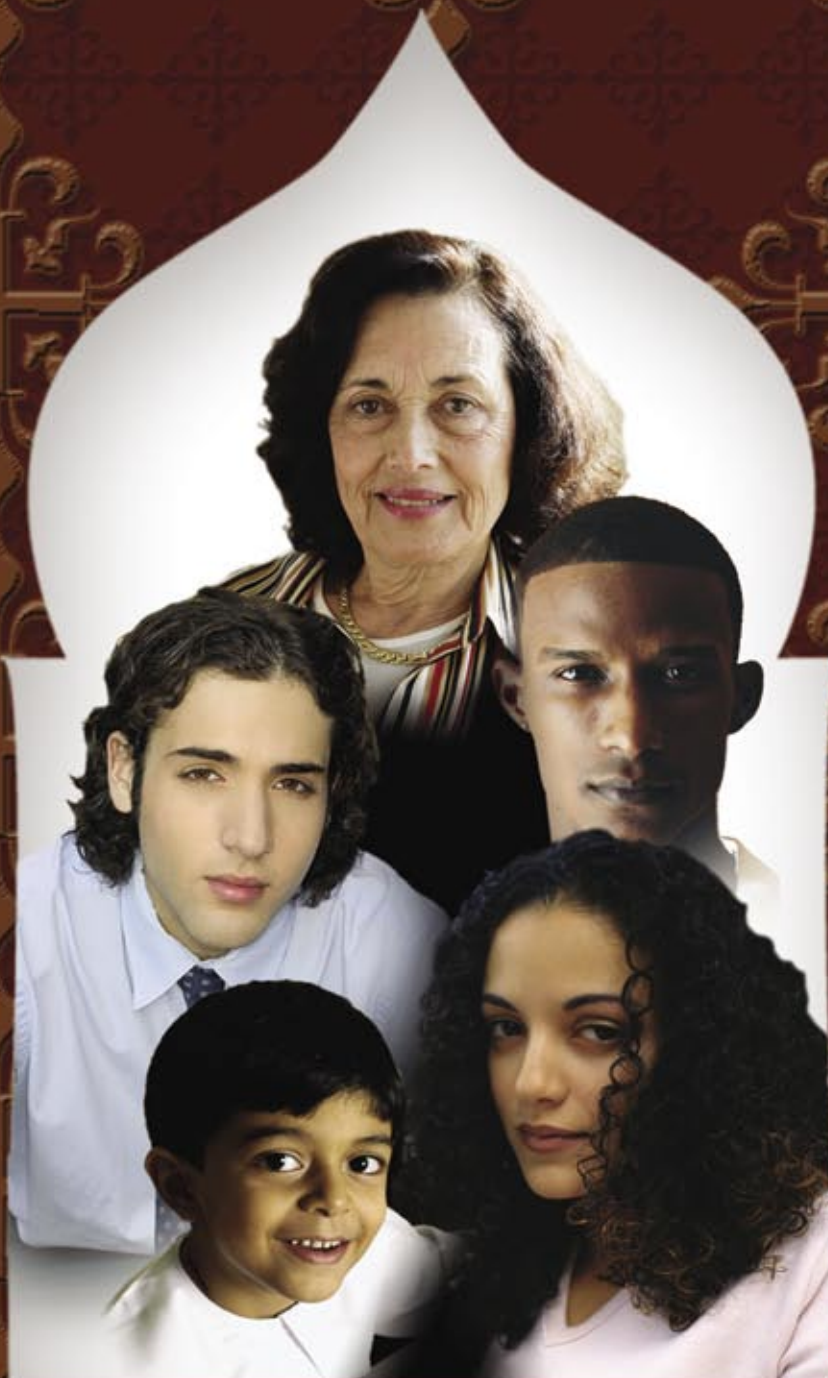
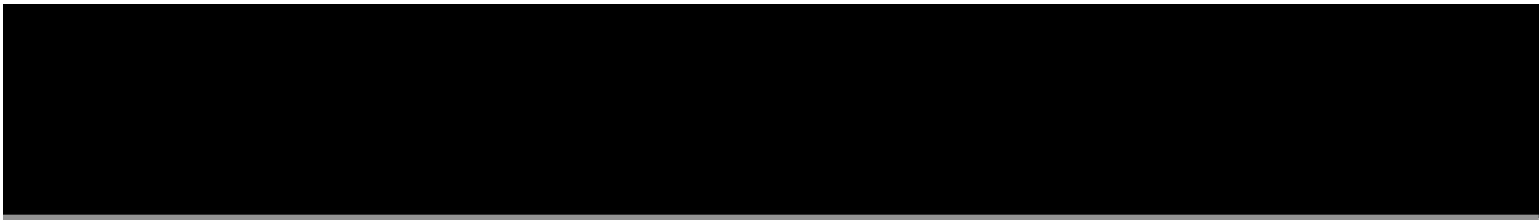


Table of Contents

Executive Summary	1
Call to Action	2
Access' Effort to Fight HIV/AIDS	3
HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim-American Communities	4
Agenda	4
Discussion Highlights	4
Evaluation Report	5
Conclusion	6
Appendix A: Break the Silence Op-ed	7
Appendix B: Radio Media Tour Report	9
Appendix C: June 2005 Forum Information Kit	15
HIV/AIDS Data Globally, Nationally, and Locally	15
The Cairo Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic	19
Bio's of Faith Leaders	21
Participant's List	24
Letter from Joseph Grogan, Executive Director, Presidential Advisory Council on HIV/AIDS	28
Statement from Michigan Department of Community Health	29
Appendix D: June 2005 Forum Agenda	30
Appendix E: June 2005 Forum Evaluation	32
Appendix F: Sample Invitation Letter	34



Executive Summary

The HIV/AIDS epidemic has spread to almost every corner of the globe over the last 25 years, killing more than 25 million people and making it one of the most destructive diseases in history. While the disease today continues to devastate all of society, few want to acknowledge that HIV/AIDS is a problem in their own community. However, the reality is that HIV/AIDS is everywhere and affects us all—mothers and children, young and old, husband and wife, rich and poor. Fortunately, leaders in the Arab-American community¹ in Michigan have begun to recognize the growing threat of the disease, and have collectively decided to break their silence and act against the epidemic.

The Arab Community Center for Economic and Social Services (ACCESS) Community Health and Research Center in Dearborn, MI, is a comprehensive health and human services program celebrating 35 years of working in the community. Too often the organization has seen mothers, fathers, and children die of diseases that could have been prevented or treated. HIV/AIDS can also be prevented and lives saved, but ACCESS warns leaders that they must act now. Despite various challenges, for more than a decade, ACCESS has provided HIV testing and counseling for community members at risk. It is time for all leaders in the community to acknowledge that HIV/AIDS is just like any other disease—if they are going to prevent the spread of this killer, they must break the silence.

In 2005, ACCESS took the first step toward addressing HIV/AIDS specifically targeting the Arab-American community. On June 15, in collaboration with the Michigan Department of Community Health, Islamic Relief, and the U.S. Department of Health and Human Services (HHS), ACCESS held the *HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim-American Communities*. The forum was unprecedented. It brought together a cross section of civic, faith, public health, and community leaders to discuss ways of fighting the HIV/AIDS epidemic and to brainstorm ideas for protecting the health and lives of Arab Americans in the Detroit metropolitan area. With more than 60 leaders attending, the forum mobilized the Arab-American community to fight HIV/AIDS.

ACCESS realizes the forum was only the beginning of a long-term commitment to action against the disease. Since the forum, ACCESS has penned a national opinion-editorial (op-ed) calling for an end to the silence about HIV/AIDS, participated in a national World AIDS Day radio media tour, which reached approximately 30 million listeners, conducted HIV/AIDS testing, visited Washington, DC, to advocate for more resources from HHS and the White House, and will make HIV/AIDS a component at its annual health conference in May 2006. ACCESS is now calling upon other leaders in the community to join the fight.

This document is intended to serve as a guide on how we can make a difference. Initiating a dialogue about HIV/AIDS was step one, but now it's time to act. It's time for you, as leaders, to become involved and help prevent the Arab-American community from losing any more members to HIV/AIDS in the United States. In the following pages you will find suggestions on what you can do to join the fight against the disease. In addition, highlights from the June 2005 forum, an evaluation of the forum, and activities resulting from it can be used to guide your own activities.

Call to Action

Since 1981, when the first case of HIV/AIDS was diagnosed, most Arab Americans have believed the disease did not affect them and therefore did not need to be openly discussed. Now, with more than 40 million people worldwide living with HIV/AIDS, it is clear the disease does not discriminate by name, age, race, or ethnicity. Its impact on Arab Americans is just as significant as in all communities around the world. After holding the Forum ACCESS understands that HIV/AIDS is difficult to discuss in the Arab-American community. It also understands the disease is killing our families, friends, and neighbors. If we are going to stop HIV/AIDS from killing our loved ones, we must acknowledge that it exists in the community and must work together to educate members and encourage testing.

As the first step toward this call to action, the *HIV/AIDS Health Forum* asked community leaders to consider the following actions:

Break the Silence—Talk to the people in your community. It is important that you educate people about the disease and discuss prevention methods. Let them know help is available. Help eliminate the stigma and prejudice associated with HIV/AIDS.

Get Tested and Encourage Your Community to Get Tested—Testing and counseling is the key to both prevention and getting HIV-positive people the care they need. As a society we need to work together to increase acceptance of HIV testing.

Hold Support Groups for People with HIV/AIDS—It is important for people with HIV/AIDS to know they are not alone. Support groups encourage people to continue taking their medications and show that the disease is not a death sentence. People with HIV/AIDS can and should continue to live full, productive lives.

Develop a Culturally Appropriate Method to Educate the Community—HIV/AIDS is an issue that needs to be dealt with sensitively. We must meet people at their comfort level. For example, you might develop materials in Arabic to educate older people who do not read English well.

Encourage Faith Leaders to Address HIV/AIDS—Faith leaders are respected and trusted members of the community. If we are going to encourage the members of our community to get tested, it is important that we gain the support of faith leaders and ask them to address this important health issue.

Hold a Forum—Bringing the community together to discuss HIV/AIDS is an important step in fighting the disease. At forums, leaders can learn from each other and brainstorm ways they can work together to get the message out.

Use the News Media—The news media are an important publicity tool. By writing an article, developing a public service announcement, or conducting a radio or satellite media tour, you are able to get the message out to a targeted audience.

Utilize HIV/AIDS Awareness Days—HIV Vaccine Awareness Day, May 18; National HIV Testing Day, June 27; and World AIDS Day, December 1, are intended to increase awareness, educate the community, and encourage testing. To learn more about these days, visit the HIV/AIDS Observance Day Web site at www.omhrc.gov/hivaidsobservances.

ACCESS' Effort to Fight HIV/AIDS

Upholding its pledge to continue raising awareness about high-risk behaviors and to educate on HIV/AIDS prevention, ACCESS broke more ground in the Arab-American community following the forum:

Adnan Hammad, ACCESS' director, wrote an op-ed about the impact HIV/AIDS is having on the community and why holding a forum to mobilize leaders was such an important first step. The op-ed appeared in four newspapers that target Arab populations: the *Press and Guide*, *The Arab American News*, *Forum & Link*, and *The Mirror International*.

World AIDS Day serves as a reminder that HIV/AIDS is an important health issue affecting people around the globe. Last December 1st, ACCESS offered free, anonymous HIV testing for its employees. Fifty-five people were tested. In addition, ACCESS conducted a national radio media tour that featured interviews in five key markets, including Detroit. The tour reached more than 30 million listeners.

In May 2006, ACCESS will host the *4th National Conference on Health Issues in the Arab-American Community*, making HIV/AIDS a key topic. ACCESS will also conduct a post-conference workshop, "HIV/AIDS in the Arab-American Community-Breaking the Silence!" The goal of the workshop is to foster domestic and international discussion about HIV/AIDS and to discover how the Arab-American community can augment its response to the epidemic.

The time to act is now! We must get involved, break the silence and encourage our family, friends, and neighbors to get tested.

HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim-American Communities

The June 2005 forum brought together more than 60 leaders in the Arab-American community to discuss the growing threat of the HIV/AIDS epidemic and find ways that they can become involved in the fight against it. Because it believes the forum was so important and successful, ACCESS encourages other organizations to hold similar sessions. Here is information about the forum that might guide those efforts:

Agenda

- Overview of the HIV/AIDS epidemic in the Arab-American community of metropolitan Detroit, as well as a presentation on the global status of the epidemic
- Presentation on the medical aspects of HIV/AIDS
- Panel discussion of the challenges faith leaders experience in responding to HIV/AIDS in their communities
- Presentation on the challenges health departments face in addressing HIV/AIDS
- Discussion/assessment of how the community can be more responsive to the HIV/AIDS epidemic in the context of other health disparities

Discussion Highlights

The forum's purpose was to educate Arab-American leaders about the growing threat of HIV/AIDS and motivate them to action. For education, it was important to have keynote speakers who addressed issues such as testing, stigma, and discrimination. An overview of the epidemic in Michigan, metro Detroit, and the Arab-American community revealed the impact the disease is having on participants' families, friends, and neighbors. Leaders also learned why the Arab-American community is in danger and why their help is needed to stop the spread of HIV/AIDS.

Panel Discussion. The forum provided communal and moral support such that faith leaders, for the first time, felt comfortable joining with public health professionals and speaking to the community to raise awareness of HIV/AIDS. Imam Hassan Qazwini of the Islamic Center of America, Imam Mohammad Mardini of the American Muslim Center, and Reverend Rani Abdulmasih of the Abundant Life Arabic Church, spoke at the forum and discussed the silence, stigma, and discrimination that accompany the HIV/AIDS epidemic in the Arab-American community.

Open Discussion. One of the forum's most productive features was the open discussion giving all attendees the opportunity to talk about the HIV/AIDS challenge. Miguel Gomez, director of The Leadership Campaign on AIDS in HHS' Office of HIV/AIDS Policy, moderated the session. He opened with this question: "In what ways can the community be more responsive to HIV/AIDS?" The following answers came from participants:

- People need to understand that HIV/AIDS does affect them
- A culturally sensitive approach is needed to address HIV/AIDS
- Language barriers hinder HIV/AIDS prevention; more material should be printed in Arabic
- The media should be approached to get the message out about prevention, testing, and care
- Faith leaders and health professionals who influence the community need to be identified
- Community leaders need training on how to deal with the issue of HIV/AIDS sensitively
- AIDS education is everyone's responsibility

- Recognizing that HIV/AIDS is a problem in the community is the first step towards prevention, and is half the battle
- Young people must be educated about HIV/AIDS
- Provide awareness about acceptance of all human beings regardless of life style choice
- Health providers and educators should be encouraged to provide services to those infected and affected by HIV/AIDS
- Women should be encouraged to speak out

Evaluation Report

At the end of the forum, a short evaluation assessed its impact on participants' awareness and understanding of HIV/AIDS in the Arab-American community. The evaluation also was used to identify how the event sponsors can aid the community in its fight against the disease as well as improve the effectiveness of future events. Of the more than 60 community leaders who attended the forum, 18 completed the evaluation, a response rate of approximately 30 percent. While this rate might have been higher, the evaluations that were submitted were generally very positive.

Forum Effectiveness. Overall, participants indicated that the forum was a success. Nearly three-quarters of respondents (72.2 percent) said they learned facts and statistics concerning how HIV/AIDS is affecting the Arab-American community. Perhaps more encouraging, more than three-quarters (78 percent) said the forum helped them identify roles that their organizations can play in the fight against HIV/AIDS. Two-thirds of respondents (66.7 percent) reported making contact at the forum with agencies and individuals who are potential partners in that effort.

Participants' Intended Next Steps. To determine how effective the forum was in motivating people to join the fight against HIV/AIDS, the evaluation asked participants what their intended next steps were. The results were very encouraging. Nearly 80 percent of respondents indicated that they would share information learned through the forum with their colleagues. More than 60 percent said they planned to schedule a follow-up meeting with partner agencies and/or community stakeholders to continue discussion and craft an action plan. About three-quarters of respondents indicated they would discuss with their colleagues how their organizations' programs and services could be modified to better address the HIV/AIDS epidemic. Also very encouraging is the fact that more than half the respondents said they would share information gained through the forum with their clients and encourage them to get tested.

Role of the Government in Assisting Community Leaders. Finally, participants were asked how Federal, State, and local governments can help their efforts to fight HIV/AIDS within their communities. Some replied with very general answers, such as "training, technical assistance, and funding" or "culturally targeted programs," but many provided specific suggestions, such as the following:

- Provide funding for creative outreach to youth, media campaigns, and other discussion forums
- Train community leaders to address HIV/AIDS in ways that will result in behavioral change
- Provide more language/translation assistance for health care institutions
- Conduct more educational forums.

Conclusion

Faith leaders are among the strongest influences in the Arab-American community. Often these leaders alone possess enough trust and credibility in the community to sway those at risk of certain social ills. Sexuality and HIV/AIDS are sensitive topics in the Arab-American community, and many faith leaders are not comfortable addressing the social and religious stigma attached to the disease. The June 2005 forum was a step—the first of many that are needed—toward breaking that silence and fighting HIV/AIDS in the Detroit metropolitan area.

No one person or group can wage that fight effectively, however. Collaboration is needed by the community. Public health officials need support from faith leaders, educators, and civic leaders if those at risk in the Arab-American community are to get prevention, treatment, and care information.

The time to act is now. HIV/AIDS will not simply surrender and go away. Arab Americans affected and infected by HIV/AIDS will continue to live under a cloud of suspicion and fear unless community leaders band together and talk openly about the epidemic.

The term "Arab American" includes Arab, Chaldeans, and Muslim Americans.



Appendix A: Break the Silence Op-ed: Calling Arab, Chaldean, and Muslim-Americans to Address the HIV/AIDS Pandemic

By Adnan Hammad, Ph.D.

Director, ACCESS Community Health and Research Center

President Emeritus, National Arab-American Medical Association, Michigan Chapter

Acknowledging a problem in one's own community is neither simple nor novel. Even more difficult is moving beyond acknowledgment and actually addressing the problem in effective and appropriate ways. No one wants to be associated with HIV/AIDS; a disease that often is referred to as a homosexual disease, and believed by many to be contracted only by sinners and as a punishment from God. However, the reality is that HIV/AIDS affects us all; mothers and babies, the young and the old, husband and wife, and the rich and the poor. It is a disease that knows no name, age, race, or ethnicity; it discriminates against no one. As the incidence of HIV/AIDS infections continues to grow among us, when will we begin to openly talk, organize, and act in response to this devastating disease? I believe the infection rate statistics speak for themselves and offer a needed call to all in the Arab, Chaldean, and Muslim-American communities to break their silence and act against the HIV/AIDS pandemic.

As of December 2004, there were approximately 39 million people living with HIV/AIDS worldwide and at the end of 2003, there were an estimated 1,039,000 to 1,185,000 living with the disease. In the state of Michigan, an estimated 16,200 individuals are currently living with HIV/AIDS and of that amount 11,200 are residents from the Detroit metropolitan area. In 2001, the Michigan Department of Community Health Surveillance began collecting information on HIV/AIDS cases in the Arab-American population. As of January 2005, there are 55 known cases of individuals living with HIV/AIDS in our communities. Don't be relieved by this number because under reporting and secrecy is a major hindrance to data collection in our communities. These numbers will continue to increase unless we do our part to raise awareness about high-risk behaviors that can expose individuals to the disease, educate our communities about prevention, and encourage HIV testing as part of routine healthcare.

According to the Centers for Disease Control and Prevention, up to 280,000 individuals in the United States may not know that they are infected with the disease. If we do not know our status we will unknowingly pass on the disease to others, which will escalate the infection numbers. The first step in this fight is to simply know your status. A quick test will confirm if you are positive or negative. Being ignorant to the fact that you have this disease can have deadly consequences. HIV testing is key—individuals who are aware of their status early have the opportunity to improve and extend their quality of life. But few Arab, Chaldean, and Muslim-Americans take the test as part of their routine healthcare. In our communities, it is taboo to discuss sensitive topics such as sexual intercourse and sexuality. We cannot afford to be silent anymore. Fighting the HIV/AIDS pandemic is not about morality; it is a public health issue where we need to do what we can to save lives.

Fortunately, one dialogue about the topic has started in our community. A landmark event called HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim-American Communities brought together early this summer a cross section of civic, faith, public health, and community leaders to discuss strategies for fighting the HIV/AIDS pandemic and to brainstorm solutions for protecting the lives and health of individuals in the Detroit metropolitan area. I congratulate the leaders who came together to discuss this important health issue in our communities. The event was sponsored by ACCESS Community Health and Research Center in collaboration with the Michigan Department of Community Health, Islamic Relief, and the U.S. Department of Health and Human Services.

Appendix A: Break the Silence Op-ed: Calling Arab, Chaldean, and Muslim-Americans to Address the HIV/AIDS Pandemic *continued*

Three of the community's esteemed religious leaders came forward to address the issue of HIV/AIDS: Imam Hassan Qazwini from Islamic Center of America, Imam Mohammad Mardini from American Muslim Center, and Reverend Rani Abdulmasih from Abundant Life Arabic Church. Other prominent community leaders in attendance included Mouhanad Hammami, president of the Michigan Chapter of the National Arab-American Medical Association and representatives from the African-American Muslim community. The highlight of the Forum was the hour-long panel discussion with the religious leaders. This panel opened a dialogue for religious leaders to discuss sensitive topics not usually addressed in our culture.

To save our loved ones from the perils of this pandemic, addressing HIV/AIDS and the impact it is having in our communities is of vital importance. ACCESS Community Health and Research Center has been a part of this community for the past 16 years. Its mission is to promote the physical, mental, and social health of the community by utilizing a holistic, multicultural approach and respecting the dignity and diversity of those we serve. Currently ACCESS offers free, confidential HIV testing to approximately 3,000 individuals each year. Counseling also is available for those who require it. Silence is our worst enemy in the fight against HIV/AIDS. Many choose to even go to their grave with the "secret"—they died of AIDS.

What does all this mean? It means that we are finally talking! The role of faith leadership in fighting the HIV/AIDS pandemic is crucial. When it comes to promoting effective messages about HIV prevention, care, and treatment, faith leaders are often the only people who possess the necessary credibility and the trust of those in our communities who are most at risk. When faith leaders talk, people listen. They have the ability to save lives and protect the health of those they serve. I laud these religious leaders for reaching out to the community and for joining us public health professionals in the fight against HIV/AIDS. I encourage other leaders to do the same by reaching out to their congregations with messages of prevention and compassion.

It is no secret that community leaders help shape social values and norms, which is critical to ending stigma related to HIV/AIDS. They also are well positioned to influence public attitudes and national policies. As we aim to increase awareness and address the challenges associated with HIV/AIDS in the Arab, Chaldean, and Muslim-American communities, I encourage us all to commit to the fight against this disease by taking proper precautions.

I would like to extend an invitation to community, religious, and cultural centers to join us in the fight against this disease. I strongly believe that Arab, Chaldean, and Muslim-Americans are at an HIV/AIDS crossroads. We can choose, for instance, to act slowly or even not to act at all in setting up education and prevention programs, or we can decide to confront this killer virus threatening the lives of members of our community. The formidable power of local and national religious leaders can be harnessed to educate our community to protect themselves. Health education can improve knowledge of the disease and its transmission among the different segments of the population. Most importantly, community service and religious organizations have to reach out to the most vulnerable members of society. If we choose to ignore such marginalized people, then we will be ignoring the greater part of the problem, and AIDS will win.

Please contact us and let us help you educate and raise awareness about HIV/AIDS to the people you serve. For free confidential or anonymous testing, contact ACCESS at (313) 216-2253. The time has come to break the silence. Knowledge is power! Get the facts. Know your status. An ounce of prevention is far better than a pound of cure.

Appendix B: Radio Media Tour Report

Overview:

This memo outlines the radio media tour activities that occurred on World AIDS Day 2005. In collaboration with the Arab Community Center for Economic and Social Services (ACCESS) in Dearborn, Michigan, The U.S. Department of Health and Human Services, Office of HIV/AIDS Policy's The Leadership Campaign on AIDS (OHAP/TLCA) supported a radio media tour as part of an awareness-building campaign. This campaign was designed to educate Arab- and Muslim-Americans across the United States about the impact of HIV/AIDS in their communities, high-risk behaviors that are associated with the disease, cultural and religious barriers to addressing the HIV/AIDS pandemic, and the importance of HIV testing.

Performance Review:

Dr. Adnan Hammad, director of ACCESS Community Health and Research Center, and Imam Mardini, director of the American Muslim Center of Dearborn, both had great insights and interesting information on the topic of HIV/AIDS in the Arab- and Muslim-American community, the silence surrounding the disease, and the cultural barriers to prevention and care. Both did well in delivering key points and connecting with listeners.

Market Analysis:

The radio media tour featured interviews in top markets with large Arab and Muslim populations. There were five interviews that occurred with the following stations: Voice of America, Kansas Information Network, WREC-AM in Memphis, and WJLB-FM and Metro Radio Networks in Detroit. WREC-AM in Memphis, with an audience of 141,100, featured a live segment on World AIDS Day. Further, a taped interview was distributed through various media outlets including: Medialink Syndicated Network, covering morning drive, mid-day, afternoon drive, and evening day-parts; Network distribution to CBS Radio News, CNN Radio News, CNBC Radio, NBC News Radio; and on the Internet via Newstream.com. Direct wire feeds were also sent to ABC and CBS affiliates and Newstream E-mail Digest. The taped interview aired on numerous radio stations as well as on Cable Radio Network, XM Network and Sirius Network.

Placements:

The following section highlights the total number of impressions delivered as a result of the radio media tour. In addition, there is a breakdown of media placements based on media markets.

Number of Impressions

Total Placements:	637
Total Impressions:	30,665,420

Total impressions include additional placements on Cable Radio Network, XM Network and Sirius Network

Appendix B: Radio Media Tour Report *continued*

Measurement Summary:

	Hits	Audience
Tour Placements:	637	12,565,420
Additional Placements:	Cable Radio Network	11,000,000
	XM Network	5,000,000
	Sirius Network	2,100,000
Total Placements:		30,665,420

Local Placement on 12/2/05 Based on Media Markets:

(Markets 1-25):

Media Market	Number of Stations that Aired Interview
New York	4 AM Stations
Los Angeles	5 AM Stations
Chicago	5 AM Stations
Philadelphia	3 AM Stations
Boston	21 AM Stations 5 FM Stations
San Francisco	3 AM Stations
Dallas	2 AM Stations
Washington, DC	7 AM Stations 1 FM Station
Atlanta	2 AM Stations 1 FM Station
Houston	5 AM Stations
Tampa-St. Petersburg	10 AM Stations
Seattle-Tacoma	8 AM Stations
Phoenix	8 AM Stations
Minneapolis-St. Paul	8 AM Stations
Cleveland	3 AM Stations
Miami-Ft. Lauderdale	2 AM Stations 1 FM Station
Denver	8 AM Stations
Sacramento	4 AM Stations
Orlando-Daytona Beach	4 AM Stations
St. Louis	8 AM Stations 1 FM Station

Media Market	Number of Stations that Aired Interview
Pittsburgh	3 AM Stations
Portland, OR	9 AM Stations
Baltimore	2 AM Stations
Indianapolis	3 AM Stations
San Diego	3 AM Stations
Charlotte	5 AM Stations

(Markets 26-50):

Media Market	Number of Stations that Aired Interview
Hartford	4 AM Stations
Raleigh-Durham	1 AM Station
Nashville	7 AM Stations 2 FM Stations
Kansas City	2 AM Stations
Columbus, OH	3 AM Stations
Greenville, SC	6 AM Stations 1 FM Stations
Salt Lake City	6 AM Stations
San Antonio, TX	2 AM Stations
West Palm Beach	9 AM Stations
Grand Rapids, MI	5 AM Stations 1 FM Station
Birmingham	7 AM Stations
Harrisburg-Lancaster	1 AM Station
Norfolk	2 AM Stations
New Orleans	4 AM Stations 1 FM Station
Memphis	1 AM Station
Oklahoma City	3 AM Stations
Albuquerque-Santa Fe	10 AM Stations
Greensboro, NC	3 AM Stations
Las Vegas	4 AM Stations
Buffalo	4 AM Stations
Louisville	2 AM Stations 1 FM Station

Appendix B: Radio Media Tour Report *continued*

(Markets 51-75):

Media Market	Number of Stations that Aired Interview
Providence-New Bedford	6 AM Stations 1 FM Station
Jacksonville, FL	5 AM Stations
Wilkes-Barre	3 AM Stations
Albany	3 AM Stations
Fresno	1 AM Station
Little Rock	6 AM Stations 2 FM Stations
Knoxville	3 AM Stations
Dayton	3 AM Stations
Richmond-Petersburg	2 AM Stations
Tulsa	3 AM Stations
Mobile-Pensacola	5 AM Stations
Lexington	3 AM Stations 1 FM Station
Charleston-Huntington	8 AM Stations
Flint/Sag/Bay	2 AM Stations
Ft. Myers-Naples FL	4 AM Stations 1 FM Station
Wichita-Hutchinson	5 AM Stations
Roanoke-Lynchburg	3 AM Stations 1 FM Station
Green Bay-Appleton	4 AM Stations 1 FM Station
Toledo	3 AM Stations
Tucson, AZ	1 AM Station
Honolulu	1 AM Station
Des Moines	2 AM Stations
Portland-Auburn	4 AM Stations
Omaha, NE	2 AM Stations

(Markets 76-100):

Media Market	Number of Stations that Aired Interview
Syracuse	3 AM Stations
Springfield, MO	6 AM Stations
Spokane, WA	5 AM Stations 2 FM Stations
Rochester, NY	2 AM Stations
Paducah, KY	11 AM Stations
Shreveport	4 AM Stations 1 FM Station
Champaign, IL	1 AM Station
Huntsville-Decatur	6 AM Stations
Madison, WI	1 AM Station
Chattanooga	1 AM Station
South Bend	2 AM Stations
Cedar Rapids, IA	2 AM Stations
Jackson, MS	3 AM Stations
Burlington-Plattsburgh	6 AM Stations 1 FM Station
Tri-Cities, TN-VA	2 AM Stations
Harlingen, TX	1 AM Station
Colorado Springs	3 AM Stations
Waco, TX	1 AM Station
Davenport-Rock Island	4 AM Stations 1 FM Station
Baton Rouge	2 AM Stations
Savannah	1 AM Station 1 FM Station
Johnstown-Altoona	7 AM Stations 2 FM Stations
El Paso	2 AM Stations
Evansville, IN	3 AM Stations 1 FM Station

Appendix B: Radio Media Tour Report *continued*

(Markets 101-125):

Media Market	Number of Stations that Aired Interview
Charleston, SC	3 AM Stations
Lincoln, NE	1 AM Station
Ft. Smith-Fayetteville	4 AM Stations
Greenville, NC	3 AM Stations 1 FM Station
Fort Wayne	2 AM Stations
Springfield-Holyoke	2 AM Stations
Tallahassee	1 AM Station
Tyler	3 AM Stations
Reno, NV	2 AM Stations
Traverse City	3 AM Stations
Sioux Falls, SD	4 AM Stations
Augusta, GA	4 AM Stations 2 FM Stations
Montgomery	2 AM Stations
Fargo, ND	2 AM Stations
Boise, ID	1 AM Station 1 FM Station
Macon, GA	1 AM Station
Eugene, OR	3 AM Stations 1 FM Station
Santa Barbara	8 AM Stations
La Crosse	3 AM Stations
Lafayette, LA	1 AM Station
Monterey-Salinas	5 AM Stations

Appendix C: June 2005 Forum Information Kit

HIV/AIDS Data Globally, Nationally, and Locally

*Michigan Department of Community Health
Division of Health, Wellness & Disease Control
HIV/AIDS Prevention and Intervention Section*

Globally

- 40.3 million living with HIV/AIDS at the end of 2005
- 4.9 million new infections in 2005
 - 4.2 million adults
 - 700,000 children under 15
- 3.1 million deaths due to HIV/AIDS in 2005
 - 2.6 million adults
 - 570,000 children under 15
- More than 25 million deaths since first cases of AIDS identified in 1981

United States

- 1.2 million estimated cases in 2005
 - Estimated that between 252,000-315,000 people do not know they are infected
- 43,000 new diagnoses in 2005
 - Level trend
 - 73 percent were male, 27 percent were female
 - Men who have sex with men (MSM) remains the number one risk category among new infections
- 18,000 AIDS deaths in 2005
 - New treatments have led to a decline in number of HIV-related deaths in 1996 and 1997, but trend has remained level since 1998
 - HIV prevalence (number of persons living with HIV/AIDS) continues to increase in the United States due to level trend of new infections and decline in AIDS-related deaths

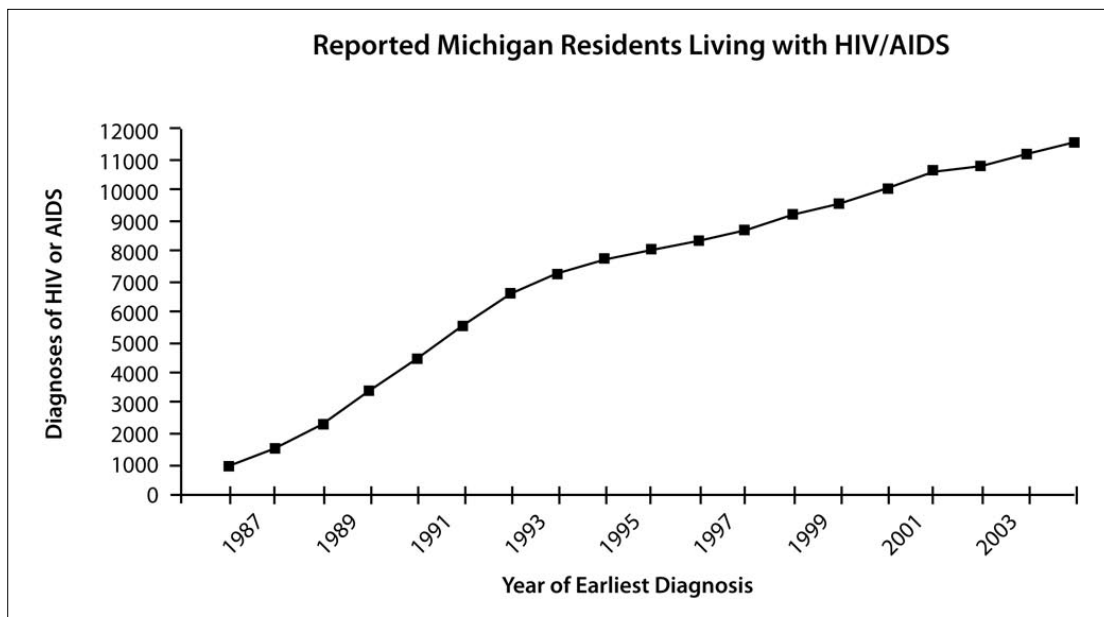
Michigan

- 16,200 estimated living with HIV/AIDS, as of April 2005
 - Estimated that 25-30 percent do not know they are infected
- 900 new cases annually, statewide
 - This number has been fairly level since 1998

Appendix C: June 2005 Forum Information Kit

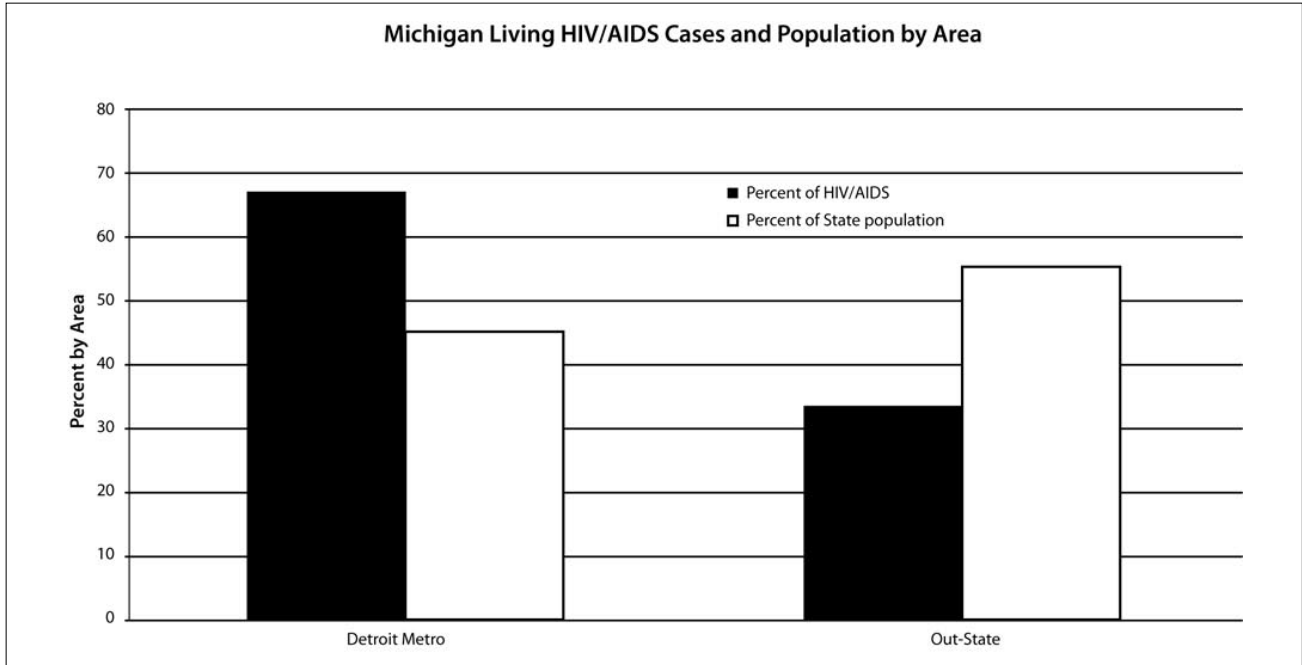
HIV/AIDS Data Globally, Nationally, and Locally *continued*

- Risk behaviors reported with new HIV diagnoses in 2003: men who have sex with men (MSM) (46 percent), heterosexuals (33 percent), no identified risk (10 percent), injecting drug users (IDU) (8 percent), MSM/IDU (2 percent), other risk (1 percent). Other risks include transmissions from blood products and perinatal exposures.
- **HIV prevalence (number of persons living with HIV/AIDS) continues to increase**
 - The total number of persons living with HIV/AIDS in Michigan has reached an all-time high and continues to increase because new HIV infections continue to occur, but HIV-related deaths are dropping



Detroit Metropolitan Area

- Detroit Metropolitan Area = counties of Oakland, Macomb, Monroe, St. Clair, and Wayne, including the city of Detroit
- 585 newly diagnosed cases annually
 - Represents nearly two-third of all newly diagnosed cases in Michigan
 - This number roughly level from 1998-2003
- 11,200 residents estimated living with HIV/AIDS
 - Disproportionately impacted: 68 percent of those living with HIV/AIDS reside in the Detroit metro area, but only 42 percent of Michigan's total population lives in the Detroit metro area



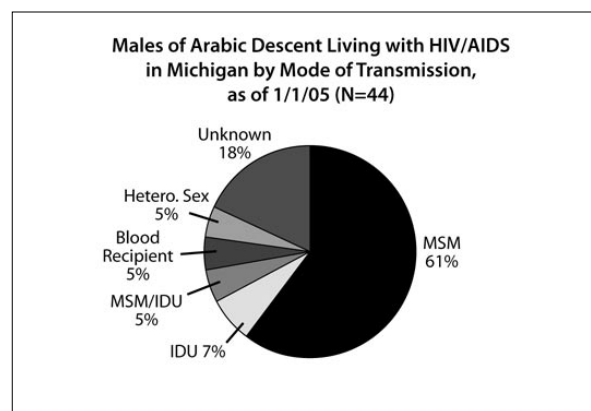
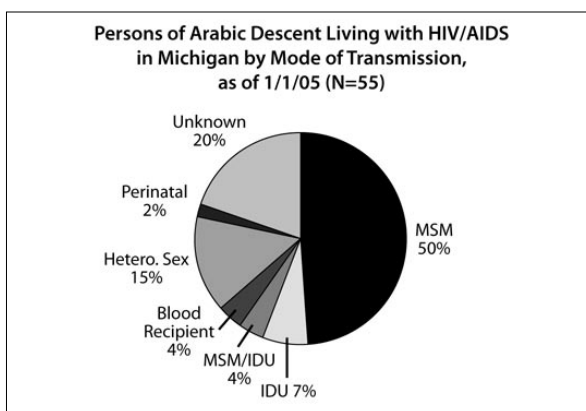
Arab Americans & HIV – Michigan Data

- Michigan Department of Community Health (MDCH) Surveillance began collecting this information in 2001
 - At the request of community based organization, MDCH reviewed existing HIV/AIDS data and added a question about Arab ethnicity to the HIV/AIDS Case Report form
 - Data likely under-reported
- 55 known cases of people living with HIV/AIDS, reported confidentially, as of January 01, 2005
 - 33 percent (18) were HIV not AIDS and 67 percent (37) were AIDS
 - Counties of Initial Diagnosis: Wayne, including Detroit city (47 percent), Oakland (25 percent), Macomb (13 percent), St. Clair (2 percent), Kalamazoo (2 percent), Ingham (2 percent), Ottawa (2 percent), Kent (2 percent), and 'Other' (4 percent).
 - 5 additional cases identified through anonymous testing since April 2004 (all male, 4 in Wayne County, 1 in Kent County)
- Demographics of reported cases
 - 80 percent (44) of the cases are among males, 20 percent (11) among females
 - Among the 11 females, over half were infected heterosexually and 27 percent had no reported mode of transmission.

Appendix C: June 2005 Forum Information Kit

HIV/AIDS Data Globally, Nationally, and Locally *continued*

- Among the 44 male cases, over two-thirds were attributed to MSM (including MSM/IDU) and 18 percent had no reported mode of transmission. See Figures below.
- The age at HIV diagnosis (including AIDS) is similar to the age distribution for all cases in Michigan, with five percent (3) ages 0-19, 25 percent (14) ages 20-29, 36 percent (20) ages 30-39, 20 percent (11) ages 40-49, 9 percent (5) ages 50 and older, and two with an unknown age at diagnosis.



References

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Joint United Nations Programme on HIV/AIDS. *AIDS epidemic update: December 2004*. http://www.unaids.org/wad2004/report_pdf.html

Michigan Department of Community Health (MDCH), HIV and STD Epidemiology Section. *Epidemiologic Profile of HIV/AIDS in Michigan, 2004 and Quarterly HIV/AIDS Analysis, April 1, 2005*. <http://www.michigan.gov/mdch/>

Appendix C: June 2005 Forum Information Kit

The CAIRO Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic

We, the Muslim and Christian leaders, working in the field of HIV/AIDS in the Arab world, meeting in Cairo, Egypt- from the 28-30 Shawal 1425 H, 11-13/12 2004 AD, in an initiative of the United Nations Development Programme's (UNDP) HIV/AIDS Regional Programme in the Arab States (HARPAS), under the auspices of the General Secretariat of the League of Arab States, and in collaboration with UNAIDS and FHI/Impact, have agreed upon the following:

First: General Principles

- Due to our realization of the value of every human being, and our awareness of God's glorification of all human beings - notwithstanding their situation, background or medical condition- we, as religious leaders, face the imminent danger of the HIV/AIDS epidemic and have a great responsibility and duty that demands urgent action.
- It is our duty to promote virtue and religious values and enhance people's relationship with their Creator, seeking God through prayers and petitions that He may protect us from this imminent danger and preserves our homeland from it, and that He may grant His grace and favour upon those affected by this disease. We stand in solidarity with those who are infected with this disease, and we encourage them to pray and receive God's help and grace.
- Illness is one of God's tests; anyone may be afflicted by it according to God's sovereign choice. Patients are our brothers and sisters, and we stand by them seeking God's healing for each one of them.

Second: On Prevention

- The family is the foundation for building and defending society. It is therefore necessary to encourage starting families in accordance with heavenly decrees, and we should remove all obstacles in the way.
- We emphasize the need to break the silence, doing so from the pulpits of our mosques, churches, educational institutions, and all the venues in which we may be called to speak. We need to address the ways to deal with the HIV/AIDS epidemic based upon our genuine spiritual principles and our creativity, and armed with scientific knowledge, aiming at the innovation of new approaches to deal with this dangerous challenge.
- We reiterate that abstinence and faithfulness are the two cornerstones of our preventive strategies but we understand the medical call for the use of different preventive means to reduce the harm to oneself and others.
- We view as sinful anything that may cause infection through intention or negligence - as a result of not using all possible preventive means available, in accordance with heavenly laws.
- We emphasize the importance of reaching out to vulnerable groups which are more at risk of being infected by HIV/AIDS and/or spreading it, including commercial sex workers and their clients, injecting drug users, men having sex with men, and those who are involved in harmful practices. We emphasize

Appendix C: June 2005 Forum Information Kit

The CAIRO Declaration of Religious Leaders in the Arab States in Response to the HIV/AIDS Epidemic *continued*

the importance of diverse approaches and means to reach out to those groups, and although we do not approve of such behaviors, we call on them to repent and ask that treatment and rehabilitation programs be developed. These programs should be based on our culture and spiritual values.

- We call upon the media to abide by ethical codes regarding the material they present.
- We advocate the rights of women to reduce their vulnerability to HIV/AIDS.

Third: On Treatment and Care

- People living with HIV/AIDS and their families deserve care, support, treatment, and education, whether or not they are responsible for their illness. We call for our religious institutions, in cooperation with other institutions, to provide spiritual, psychological, and economic guidance and support to those in need. We also encourage them not to lose faith in God's mercy, and aspire to a rewarding and productive life, embracing fate with courage and faith.
- We reject and emphasize the necessity to abolish all forms of discrimination, isolation, marginalization, and stigmatization of people living with HIV/AIDS we insist on defending their basic freedoms and human rights.

Fourth: Addressing other leaders

- As religious leaders we need to reach out to our governments, civil society institutions, NGOs, and the private sector, to seek closer cooperation and greater action in the response to this epidemic.
- We also emphasize the importance of mobilizing other religious leaders' role against the imminent danger of HIV/AIDS in society, particularly in the media and in educational and popular campaigns.
- The need to formulate policies and laws that prevent the further spread of the disease particularly mandatory health check ups before marriage.
- Promote the setting up of guidance and awareness raising centers and facilitate the establishment of charitable organizations to provide care, and support for people living with HIV/AIDS.

Appendix C: June 2005 Forum Information Kit

Bio's of Faith Leaders

Imam Hassan Qazwini

Scholar and Religious Leader, Islamic Center of America

Imam Hassan Qazwini is a scholar and the religious leader of the Islamic Center of America in Detroit, Michigan. His responsibilities at the Islamic Center of America include delivering Friday prayer in both English and Arabic; founding and directing the Young Muslim Association; and acting as religious leader for Muslim Shi'a Arabs in the U.S. Imam Qazwini has positively influenced American political leaders to accommodate the Muslim communities. He has worked hard to ensure that U.S. political leaders speak out publicly against infamous religious leaders who have time and time again launched an attack against Islam and the Prophet Muhammad. He has met with both the Bush and Clinton Administrations as a representative for the Muslim community and continues to be one of the most outspoken and influential Muslim Shi'a religious leaders in the United States, appearing on CNN, NPR, BBC, VOA, the New York Time, the Detroit News, the Detroit Free Press, and a wide range of many other media outlets.

Adnan Hammad, Ph.D.

Director, ACCESS Community Health and Research Center

Dr. Hammad has established and directs a one of a kind community-based health and research center at the Arab Community Center for Economic and Social Services (ACCESS). His responsibilities include developing programs designed to promote and improve the health status of the Arab-American community. Dr. Hammad has broad experience in health services policy, management, and training both at the macro and micro levels. He held numerous leadership roles in professional, non-profit, and non-governmental organizations. Dr. Hammad served as Director of Makassed Hospital in Jerusalem from 1989-1992. He was a Senior Health Planner for Planning and Research Center in Jerusalem from 1992-1995. Moreover, he has extensive academic and professional experience in Public Health Care Policy and Management. He holds a Doctorate in Health Services Policy and Management, a Masters in Science and High Diploma in Health Economics.

Dr. Hammad serves in various capacities on a number of regional, national, and international organizations including serving as President of the Michigan Chapter of the National Arab American Medical Association in 2003. He was also the Chairman of the First, Second, and Third National Conference on Health Issues in the Arab American Community in collaboration with Wayne State University, School of Medicine. He has been recognized internationally while serving as a Health Consultant for the Harvard Institute of International Development in the Middle East, a Senior Health Planner for macro and micro health programs in cooperation with the World Health Organization, the United Nations Relief and Works Agency, and the Canadian International Development Agency.

continued on page 22

Appendix C: June 2005 Forum Information Kit

Bio's of Faith Leaders *continued*

Mouhanad Hammami, M.D.

Research Associate, Hutzel Women's Hospital, Department of Pediatrics

Dr. Mouhanad Hammami is the president of the Michigan chapter of the National Arab American Medical Association (NAAMA). NAAMA is a non-profit organization for medical professionals of Arab heritage with 25 chapters across North America. NAAMA's mission encompasses a wide range of professional, educational, charitable, humanitarian, and cultural goals. Due to its unique geographical location, NAAMA—M.I., the Michigan chapter has been directly involved in issues concerning health in the Arab American community. During Dr. Hammami's participation as a member of the board of directors, NAAMA—M.I. organized health fairs and free clinics, as well as public events to promote awareness of public health concerns.

Dr. Hammami is a graduate of Aleppo University School of Medicine and is currently a faculty member of Wayne State University School of Medicine in the Department of Pediatrics. He is a Professor of Microbiology at Oakland Community College as well as a Research Associate at the Detroit Medical Center researching nutrition and growth in newborns. Dr. Hammami has been involved in different clinical studies ranging from infant formula evaluation to new childhood vaccination trials. He was involved in the NIH funded PACTG clinical trial on "body composition in infants born to HIV-positive mothers" between 1997 and 2003 as well as many other studies, with the most recent conducted in 2004 in collaboration with ACCESS Health and Research Center which studied the growth of Palestinian children living in refugee camps in Lebanon. Dr. Hammami is a member of a number of several professional and honor societies and has had many publications in different medical journals.

Deborah Parham Hopson, Ph.D., R.N.

Associate Administrator (Director), HIV/AIDS Bureau, U.S. Department of Health and Human Services

Dr. Deborah Parham Hopson is the Associate Administrator of the HIV/AIDS Bureau at the Health Resources and Service Administration (HRSA) in the Department of Health and Human Services. In her role as Associate Administrator, Dr. Parham Hopson is responsible for managing more than \$2 billion for programs authorized under the Ryan White Comprehensive AIDS Resources Emergency Act (RWCA). The RWCA funds more than 800 programs which annually provide services to approximately 550,000 people nationwide. As a career officer within the Commissioned Corps of the United States Public Health Service (USPHS), Dr. Parham Hopson served as Assistant Surgeon General in 2003. Prior to that, she held the post of Deputy Chief of Staff in the Office of the Surgeon General. Dr. Parham Hopson holds a Ph.D. in health policy and administration from the University of North Carolina at Chapel Hill, and her undergraduate degree in nursing and health from the University of Cincinnati.



Anahid Dervartanian Kulwicki, R.N., D.N.S., F.A.A.N.
Public Health Director, Wayne County Michigan

Professor Anahid Dervartanian Kulwicki is the Public Health Director of the Wayne County Michigan Health Department. Professor Kulwicki established the first community-based health center for Arab Americans, and created and directed the first research center for Arab American health. She also established the research department of the Arab Community Center (ACCESS) to promote health research and to serve as a conduit for other researchers in this field. As a Fulbright Scholar in Jordan, Professor Kulwicki collaborated with nursing and medical faculty by conducting research and publishing works on honor crimes, HIV/AIDS and cardiovascular risk factors. In 2004, Professor Kulwicki was inducted as a Fellow in the American Academy of Nursing. Professor Kulwicki holds a D.N.S. from Indiana University School of Nursing and B.S.N. from the American University of Beirut School of Nursing.

Debra Szwejda, R.N.
Manager of HIV/AIDS Prevention and Intervention Section
Michigan Department of Community Health

Debra Szwejda is the Manager of the HIV/AIDS Prevention and Intervention Section at the Michigan Department of Community Health (MDCH). In her current role, Ms. Szwejda oversees all publicly funded HIV prevention, care, and training initiatives. She is also responsible for all HIV funding from the Centers for Disease Control and Prevention, and Title II and Title IV funding from the Health Resources Services Administration. From 1992 to 2000, she served as a Community Prevention Specialist, a Communicable Disease Specialist, and a Prevention Section Manager within the Bureau of Substance Abuse Services at MDCH. Ms. Szwejda received her B.S.N. from the University of Michigan and a Masters in Public Administration from Western Michigan University.

Appendix C: June 2005 Forum Information Kit

Participant's List

Rani Abdulmasih

Abundant Life Arabic Church
19100 Ford Rd
Dearborn, MI 48128
(313) 274-0786

Ismael Ahmed

Executive Director, ACCESS
2651 Saulino Court
Dearborn, MI 48120
(313) 842-7010

Tariq Akhtar

Director of Marketing, Islamic Relief
1919 W. Magnolia Blvd.
Burbank, CA 91505
(818) 558-7428

Eid Alawan

Islamic Center of America
PO Box 1863
Dearborn, MI 48121
(313) 506-3353

Noora Al Baroudi

Administrative Assistant to Dr. Hammad
6450 Maple
Dearborn, MI 48126
(313) 216-2240

Jenna Alderwish

Office Congressman Conyers
231 W. LaFayette, # 669
Detroit, MI 48226
(313) 961-5670

Ron Amen

ACCESS, AAM
36786 Gardner
Livonia, MI 48152
(313) 729-7081

Sandra Amen-Bryan

Adult Therapist, ACCESS
6451 Schaefer
Dearborn, MI 48126
(313) 945-8380

Mohamed Amine Kraba

BADR
13530 Michigan Ave. #226
Dearborn, MI 48126
(313) 582-0378

Sidoney Atsé

*Communications Director,
OHAP's, The Leadership Campaign on AIDS*
1725 Eye Street N.W. Suite 1000
Washington, D.C. 20006
(202) 862-2983

Chris Ayoub

Coordinator HIV/AIDS Program, ACCESS
6450 Maple Street
Dearborn, MI 48126
(313) 216-2253

Nina Bakri

Administrative Associate, ACCESS
6450 Maple
Dearborn, MI 48126
(313) 216-2244

Stacey Barbas

MI AIDS Fund
21700 NorthWestern Hwy. Ste 1150
Southfield, MI 48075
(248) 395-3244

Rola Bazzi-Gates, ACSW

Salina Elementary School
2700 Ferney
Dearborn, MI 48120
(313) 827-6564

Najah Bazzy, RN

HealthCare Partners Inc.
18000 W.9 Mile Rd, Ste 400
(313) 443-0962

Abdallah Boumediene

Operations Manager, ACCESS
6450 Maple
Dearborn, MI 48126
(313) 216-2244

Couth Calven

AIDS Coordinator,
Wayne County Department of Health
33030 Van Born
Wayne, MI 48184

Jane Conklin

Prevention Consultant, HIV/AIDS Prevention
& Intervention Section
Michigan Department of Community Health
2479 Woodlake Circle, Suite 300
Okemos, MI 48864
(517) 241-5938

Lamis Frouf

Dearborn Public Schools
6103 Nightingale
Dearborn Hts, MI 48127
(313) 729-7081

Miguel Gomez

Director, OHAP, The Leadership Campaign on AIDS
The Department of Health and Human Services
200 Independence Avenue, S.W.
Washington D.C. 20201
(202) 690-5560

Najwa Hadous

Operations Manager, ACCESS Employment
& Training Center
6451 Schaefer Rd,
Dearborn, MI 48126
(313) 945-8144

Muhannad Haimour

Executive Director, American Arab Chamber
of Commerce
4917 Schaefer, Ste 212
Dearborn, MI 48126
(313) 945-1700

Adnan Hammad, Ph.D.

Director, ACCESS Community Health and
Research Center
6450 Maple Street
Dearborn, M.I. 48126
(313) 216-2239

Mouhanad Hammami, MD

President, NAAMA of Michigan
6007 Rockland
Dearborn Hts, MI 48126
(313) 274-3245

Abed Hammoud

Assistant Prosecutor, Wayne County
4441 Korte
Dearborn, MI 48126
(313) 224-8368

Shukrieh Hatem

Hatem Consulting, Inc.
23212 Hollander
Dearborn, MI 48128
(313) 562-9039

Appendix C: June 2005 Forum Information Kit

Participant's List *continued*

Jason Heffner

*Senior Technical Advisor, Office of HIV/AIDS
Bureau for Global Health
United States Agency for International Development
1300 Pennsylvania Avenue, N.W.
Suite 5.10-63
Washington, DC 20523
(202) 712-5583*

Deborah Parham Hopson

*Associate Administrator, HIV/AIDS Bureau, the Health
Resources and Services Administration
U.S. Department of Health and Human Services
5600 Fishers Lane, 7-05
Rockville, MD 20857
(301) 443-1993*

Rose Khalife, RN

*AANA, President
4900 Mercury Drive, Suite 201
Dearborn, MI 48126
(313) 680-5049*

Anahid Kulwicki

*Director, Wayne County Health Dept.
33030 Van Born
Wayne, MI 48184
(734) 727-7006*

Wassim Mahfouz

*Wayne County Exec. Office
600 Randolph
Detroit, MI 48226
(313) 846-8480*

Zana Makki

*Oakwood Hospital
27089 Cecil
Dearborn Hts, MI 48127
(313) 586-4902*

Jewell Martin

*Administrator for HIV/AIDS Programs
City of Detroit Health Department
Herman Kiefer Health Complex
1151 Taylor
Detroit, MI 48202
(313) 876-4204*

Reverend Michael Orr

*Dominion Family Services
30161 Southfield Rd
Southfield, MI 48076
(248) 569-1300*

Imam Hassan Qazwini

*Islamic Center of America
19500 Ford Rd
Dearborn, MI 48128
(313) 593-0000*

Wael Sakr, MD

*National President, NAAMA
101 E. Alexandrine
Detroit, MI 48201
(313) 745-2525*

Talib Salhab

*Director National Outreach, ACCESS
2651 Saulino Court
Dearborn, M.I. 48120
(313) 842-7010*

Farid Shamo

*Public Health Educator, ACCESS
6450 Maple
Dearborn, M.I. 48126
(313)- 407- 4649*

Mitchell Shamsud-Din
HUDA Community Clinic
1605 W. Davison Ave.
Detroit, MI 48238
(586) 873-0100

Dr. Zahid Sheikh
HUDA Community Clinic
1605 W. Davison Ave.
Detroit, MI 48238
(586) 872-5000

Violet Souweidene
Dearborn Public Schools
18700 Audette
Dearborn, MI 48124
(313) 827-6613

James Stokes
Deputy Director,
Governor's Office for Southeast MI
3022 W. Grand Blvd. Ste 14-150
Detroit, MI 48202
(248) 338-4378

Sheikh Ali Suleiman Ali
Muslim Family Services
12346 McDougall St
Detroit, MI 48212
(313) 366-6800

James Sunstrum, MD
1934 Monroe Street,
Dearborn, MI 48124
(313) 565-7464

Debra Szwejda
Manager, HIV/AIDS Prevention and Intervention Section,
Division of Health, Wellness and Disease Control,
Michigan Department of Community Health.
2479 Woodlake Circle, Suite 380
Okemos, M.I. 48864
(517) 241-5905

Mary Warra
Administrative Assistant, ACCESS
6450 Maple
Dearborn, M.I. 48126
(313) 216-2240

Appendix C: June 2005 Forum Information Kit

Letter from Joseph Grogan, Executive Director, Presidential Advisory Council on HIV/AIDS

PRESIDENTIAL ADVISORY COUNCIL ON HIV/AIDS

June 9, 2005

ANITA SMITH
CO-CHAIR
Washington, D.C.
LOUIS W. SULLIVAN, M.D.
CO-CHAIR
Atlanta, GA

Dear Colleagues:

ROSA M. BIAGGI, M.P.H., M.P.A.
Hartford, CT
CHERYL BOWERS-STEPHENS, M.D.
Baton Rouge, LA
JACQUELINE S. CLEMENTS
Durham, NC
MILDRED FREEMAN
Silver Spring, MD
JOHN F. GALBRAITH
New York, NY
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Cambridge, MA
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Brooklyn, NY
JANE HU, PH.D.
Potomac, MD
KAREN IVANTIC-DOUCETTE, M.S.N.
Milwaukee, WI
RASHIDA JOLLEY
Washington, DC
FRANKLYN N. JUDDSON, M.D.
Denver, CO
ABNER MASON
Los Angeles, CA
SANDRA McDONALD
Atlanta, GA
JOSEPH MCIHANEY, M.D.
Austin, TX
HENRY MCKINNELL, JR, PH.D.
New York, NY
DANDRICK MOTON
Tempe, AZ
JOSE MONTERO, M.D.
Tampa, FL
BENY PRIMM, M.D.
Brooklyn, NY
DAVID REZNIK, D.D.S.
Atlanta, GA
DEBBIE ROCK
Baltimore, MD
REVEREND EDWIN SANDERS II
Nashville, TN
PREM SHARMA, D.D.S.
Glendale, WI
LISA MAI SHOEMAKER
Benzonia, MI
ANITA SMITH
Washington, DC
M. MONICA SWEENEY, M.D.
Brooklyn, NY
RAM YOGEV, M.D.
Chicago, IL

The Presidential Advisory Council on HIV/AIDS (PACHA) provides advice, information, and recommendations to the President and the Secretary of the Department of Health and Human Services (HHS) on research advancement and programs and policies intended to prevent the spread of HIV/AIDS. Our members represent a broad spectrum of American leaders, including representatives from the medical community and from civic, faith, and public health organizations. We are dedicated to finding effective ways to fight HIV/AIDS and to support the President's commitment to winning the war against the disease.

Your presence at the HIV/AIDS Health Forum: Perspectives and Attitudes of the Arab, Chaldean, and Muslim American Communities is a demonstration of your own commitment to public health in your community. The collaboration between so many different entities, including ACCESS, Islamic Relief, the Michigan Department of Community Health, and HHS, is an encouraging development for HIV prevention in the Detroit metropolitan area. The only way to defeat HIV—and other serious threats to the health of our nation's citizens, such as heart disease and diabetes—is to work together, speak openly about the risks, fight the stigma and fear that discourage people from getting tested and treated, and find prevention approaches that are tailored to the needs of specific communities.

On behalf of the members of PACHA, I wish you every success in your efforts. I look forward to hearing about the outcomes of your meeting, and to working alongside you to protect the lives and health of our families, friends, and neighbors.

Regards,



Joseph Grogan
Executive Director
Presidential Advisory Council on HIV/AIDS

200 Independence Ave, SW
Washington, DC 20201

Appendix C: June 2005 Forum Information Kit

Statement from Michigan Department of Community Health



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

HIV/AIDS is a growing threat to the Arab, Chaldean, and Muslim communities in Michigan. Currently one percent of the persons living with HIV/AIDS in the Detroit Eligible Metropolitan area (Wayne, Oakland, Macomb, Monroe, St. Clair and Lapeer counties) are people of Arab and Chaldean decent. These numbers will continue to climb if efforts aren't targeted to specifically address this population.

As Michigan's first Surgeon General, a physician and a public health official, I understand the complexities of HIV disease and am committed to the fight against HIV/AIDS. I understand the challenges of talking with people about sensitive issues like sexuality and drug use. These and many other important issues make addressing HIV and AIDS in Arab, Chaldean, and Muslim communities particularly challenging.

We are making strides, however. The Michigan Department of Community Health (MDCH) supports over 400 sites statewide where citizens can receive HIV counseling and testing. In addition, 20 community based organizations provide evidence based, targeted, culturally competent prevention services, such as outreach, individual and group level counseling and skills building workshops. And we have programs specifically targeting the Arab, Chaldean, and Muslim population at risk for HIV/AIDS. For example, MDCH supports a Dearborn-based community based organization called ACCESS to provide HIV prevention interventions including outreach, HIV Counseling, Testing and Referral Services, skills-building workshops, and individual level prevention counseling.

In addition to the support of these direct service interventions, MDCH has provided ongoing technical assistance including assessment of community prevention needs and formative evaluation of targeted prevention interventions for this population. We will continue to work in collaboration with community partners in Arab and Islamic communities to promote awareness of the impact of HIV/AIDS and development of community capacity to respond with culturally competent prevention services.

I encourage all communities to commit to the fight against HIV/AIDS and participate in National Test Day on June 27, 2005. For more information on National Test Day, contact the HIV/AIDS Hotline in Michigan at 1-800-872-2437 or go to the federal website www.HIVtest.org.

Get tested and know your status. Knowledge is powerful and can save lives.

Kimberlydawn Wisdom, MD
Michigan Surgeon General

Appendix D: June 2005 Forum Agenda

Facilitator: Adnan Hammad, Ph.D. Director, ACCESS Community Health and Research Center

- I. Opening remarks by Ismael Ahmad, ACCESS Executive Director** **10:00-10:05**
- II. Overview by Dr. Adnan Hammad** **10:05-10:15**
- Goals and objectives for the day
 - Review Agenda
 - Introductions
- III. Deborah Parham Hopson** **10:15-10:30**
Associate Administrator of the HIV/AIDS Bureau at the Health Resources and Services Administration in the U.S. Department of Health and Human Services
- IV. Overview HIV/AIDS** **10:30-10:45**
- HIV/AIDS in Southeast Michigan by Debra Szejda
HIV/AIDS Manager, the Michigan Department of Community Health
- Global Epidemic
- Global impact of HIV/AIDS by Jason Heffner
Senior Technical Advisor, Office of HIV/AIDS Bureau for Global Health, United States Agency for International Development
 - Q & A
- V. Dr. Mouhannad Hammami** **10:45-11:00**
President of the Arab American Medical Association addresses the local medical perspective on HIV/AIDS
- VI. Panel Discussion:** **11:00-12:00**
- Imam Hassan Qazwini, *Islamic Center of America*
Imam Mohammad Mardini, *American Muslim Center*
Rani Abdulmasih, *Abundant Life Arabic Church*
- Challenges religious leaders experience in responding to the HIV/AIDS epidemic in the local community

LUNCH **12:00-12:40**

VII. Challenges Health departments experience addressing **12:40-12:55**

HIV/AIDS by Dr. Anahid Kulwicki
Director, Wayne County Health Department

VIII. Open Dialogue—Q&A **12:55-2:00**

- Group assessment on ways in which the community can be more responsive to the HIV/AIDS epidemic in the context of other health disparities.

IX. Next Steps **2:10-2:50**

- Creating a statement from the days discussions
- How do we share what we learned with the community
- Other

X. Closing remarks by Dr. Adnan Hammad **2:50-3:00**

This event is sponsored by ACCESS, Islamic Relief, Michigan Department of Community Health and the U.S. Department of Health and Human Services

Appendix E: June 2005 Forum Evaluation

The sponsors of today's event are committed to providing programs and services that respond directly to the needs of the communities they serve. As a result, your feedback is essential in helping to determine what types of activities are most useful to community leaders engaged in the fight against HIV/AIDS and where resources should be directed in the future..

1. Prior to today's forum, did you think that HIV/AIDS was a problem in the Arab, Chaldean, and Muslim

American communities?

Yes _____ No _____

2. After attending today's forum, do you think that HIV/AIDS is a problem in the Arab, Chaldean, and Muslim

American communities?

Yes _____ No _____

3. Was today's forum helpful? Yes _____ Somewhat _____ No _____

4. If you indicated "yes" or "somewhat" to question #3, please indicate which of the following reasons apply:

_____ Learned facts/statistics concerning how HIV/AIDS is affecting the Arab, Chaldean, and Muslim American communities.

_____ Changed my perception about the disease and/or persons living with HIV/AIDS.

_____ Learned about the challenges of addressing HIV/AIDS within the Arab, Chaldean, and Muslim American communities and strategies for addressing those challenges.

_____ Empowered/encouraged me to talk more openly about HIV/AIDS with my colleagues and clients.

_____ Identified ways that my organization can play a role in the fight against HIV/AIDS.

_____ Motivated me to join the fight against HIV/AIDS.

_____ Made contact with individuals/agencies that my organization can partner with in the fight against HIV/AIDS.

_____ Other: _____

_____ Other: _____

5. What aspects of this forum were least useful to you? _____

6. Is there anything that could have made this forum more useful? Yes _____ No _____ If yes, what?

7. Are there stakeholders/key players in this community that were missing from today's meeting?

Yes _____ No _____ I don't know _____

If yes, who? _____

8. Will you take any action based on today's meeting? Please check all that apply:

_____ I will share the information I learned today with colleagues.

_____ I will schedule a follow-up meeting with partner agencies/community stakeholders to continue this dialogue and formulate an action plan.

_____ I will engage my colleagues in a dialogue about how our programs/services can be improved to better address the epidemic in the Arab, Chaldean, and Muslim American communities.

_____ I will share information with my clients and encourage them to get tested.

_____ I will get tested for HIV/AIDS.

_____ Other: _____

_____ I will not take any action.

9. In what ways can the local, state, and Federal government be of assistance to you in your efforts to fight HIV/AIDS within your community? Examples might include the provision of outreach tools and informational resources (e.g., posters), convening additional meetings or conferences, training or technical assistance, partnership-building support, etc. Please be specific.

10. What type of agency do you represent?

_____ Civic

_____ Faith

_____ Health

_____ Other: _____

11. Do you have any other comments or suggestions you would like to share with us?

Thank you for taking the time to complete this evaluation form. Your feedback is very important to us!

This event is sponsored by ACCESS, Islamic Relief, Michigan Department of Community Health and the U.S. Department of Health and Human Services

Appendix F: Sample Invitation Letter

May 18, 2005

Dear _____:

On behalf of ACCESS, Islamic Relief, the Michigan State Department of Health, and the Department of Health and Human Services' Office of HIV/AIDS Policy and The Leadership Campaign on AIDS, I would like to invite you to participate in an important community event to discuss the impact of HIV/AIDS in the Detroit area.

As you may know, the rate of HIV infection in the communities we live in and serve is increasing. The Centers for Disease Control and Prevention (CDC) estimate that 40,000 Americans are newly infected with HIV each year, and that in the United States there are an estimated 250,000 individuals who do not know their HIV status—making it more likely that they will spread the virus to others.

We are asking leaders in the Arab and Muslim communities in the Detroit area to join us for a local forum to discuss HIV/AIDS in the context of other health disparities. The forum will take place at ACCESS Community Health and Research Center, located at 6450 Maple Street, Dearborn, MI at 10:00 a.m. to 3:00 p.m. on June 15, 2005. This date will also mark the 10th annual observance of National HIV Testing Day.

HIV/AIDS is a growing threat to our community. As an acknowledged leader in this community, you are in an important position to help spread effective and culturally sensitive HIV prevention, care, and treatment messages to those whom you serve. I hope that you will be able to join us for this very important community forum.

Regards,



Adnan Hammad, Ph.D.
Director, ACCESS Community
Health and Research Center



Miguel Gomez
Director, OHAP,
The Leadership Campaign on AIDS
The Department of Health and Human Services



Loretta Davis-Satterla
Director, Division of Health,
Wellness & Disease Control
Michigan Department of Community Health



Tariq Akhtar
Director of Marketing,
Islamic Relief



For more information on
HIV/AIDS, please visit
www.omhrc.gov/hivaidsobservances
and www.accesscommunity.org